Hearing Aid Training

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Agenda

- >> Eligibility.
- >> Volume Purchase Contract.
- >> Hearing Aid Policy.
- >> Prior Authorization (PA).
- >> Web PA.
- >> Claim Submission.
- >> Resources.



Eligibility Verification

Always verify a recipient's eligibility before providing services:

- >> To determine eligibility for the current date.
- >> To discover any limitations to the recipient's coverage.

Eligibility Verification System (EVS) provides access to eligibility information in various ways:

- >> 270/271 Health Care Eligibility Benefit Inquiry/Response transactions.
- Automated Voice Response System.
- >> Commercial eligibility verification vendors (accessed through software, magnetic stripe card readers, and Internet).
- >> Provider Services.



Special Eligibility Categories That Have Limited Medicaid Coverage

- Qualified Medicare Beneficiaries (QMB)-Only.
- >> Specified Low-Income Medicare Beneficiaries (SLMB)-Only.
- >> Lock-In Status.
- >> TB-Related Services-Only Benefit.
- >> Presumptive eligibility for pregnant women.
- Non U.S. citizen eligibility.
- Family Planning Waiver (FPW) and FPW presumptive eligibility.
- >> Family Care (certain counties).
- >> SeniorCare.



Recipient Choice

Wisconsin Medicaid allows fee-for-service recipients to select the certified hearing services provider of their choice to dispense a hearing instrument.

Upon approval of a PA request for a hearing instrument, Wisconsin Medicaid sends the recipient:

- A copy of the PA request that the recipient presents to the certified provider of his or her choice.
- A letter informing the recipient of his or her ability to choose a hearing instrument provider.



Volume Purchase Contract

- >> Wisconsin biennial budget (2003 Wisconsin Act 33) required volume purchase for DME.
- As a result, Wisconsin Medicaid signed volume purchase contracts with several hearing aid manufacturers.
- For a list of participating manufacturers and contracted purchase rates, refer to Wisconsin Medicaid and BadgerCare Updates 2004-86, titled "Purchase Contracts Made for Hearing Aids," and Update 2005-30, titled "Policies, Procedures, and Changes to Purchase Rates for Hearing Aids."



Volume Purchase Contract Policies

- >> PA is still required for the purchase of any hearing aid.
- Effective January 1, 2005, PA is no longer required for the dispensing fee of any Medicaid-covered hearing aid (contracted or non-contracted).
- >> Purchase rates are established between the state and the manufacturers.



- >> Hearing aid packages covered: Monaural: one ear mold and cord; binaural: two ear molds and two cords.
- >> Batteries and custom ear molds covered separately from hearing aid packages.
- >> One modification per hearing aid covered.



- >> 12-month service guarantee and any service necessary to ensure proper function.
- >> 90-day trial period.
- >> 12-month loss and damage manufacturer warranty.
- >> 24-month equipment manufacturer warranty.

Note: No more than one loss or damage claim may be filed with the manufacturer per hearing aid during the twelve-month period.



- After 24-month warranty expires, Wisconsin Medicaid covers major repairs completed by the manufacturer. Major repairs are under warranty for either 6 or 12 months from the date of repair (determined by the contract).
- After 12-months from dispensing date, Wisconsin Medicaid covers minor repairs once every six months (repairs done in office involving care and cleaning).



- >> If replacement is necessary in less than five years, PA is required for the replacement.
- >> Repairs do not require PA unless exceeds life expectancy.
- Major and minor repairs completed on same date of service for same hearing aid are not separately reimbursable.
- Major and minor repairs completed on items under warranty are not reimbursable.



Noncontracted Hearing Aids Policy

Certain hearing aid styles are not available through a volume purchase contract.

- >> PA is required for purchase of a noncontracted hearing aid style.
- >> Includes complex or high-tech hearing aid models medically necessary for recipients 21 years of age and under.
- Manufacturer determines the trial period (typically first 30-90 days), loss and damage warranty, equipment warranty, and repair warranty (typically one year).



Noncontracted Hearing Aids Policy (cont.)

- >> Repairs do not require PA unless exceeds life expectancy.
- >> Repairs completed during first year are not separately reimbursable. After first year, repairs covered once every six months.
- >> Major and minor repairs completed on same date of service for same hearing aid are not separately reimbursable.
- Major and minor repairs completed on items under warranty are not reimbursable.



Contracted and Noncontracted Hearing Aids Policy

Dispensing and fitting of hearing aids covered. Includes:

- >> Initial office visit.
- >>> Ear mold impression.
- >> Proper fitting of hearing aid.
- >> Up to five post-fittings if necessary for adjustments and orientation (includes performance checks).
- >> Performance check 30 days after dispensing date.

Note: Life expectancy is five years for all Medicaid-covered hearing aids (includes those requested prior to January 1, 2005).



PA Requirements

PA is required for the purchase of any hearing aid, contracted or noncontracted.

Forms required:

- PA/HIAS1 and PA/HIAS2-Completed and submitted by Hearing Instrument Specialists and Audiologists.
- PA/POR-Completed and signed by physician, submitted only by Hearing Instrument Specialists.
- Supporting Clinical Documentation- Submitted by Hearing Instrument Specialists and Audiologists.

Note: Supporting clinical documentation includes, but is not limited to, letters regarding lost hearing aids, manufacturer invoices, photographs.



Modifiers Required on the PA/HIAS1

Element 14-Modifiers

For purchase of contracted and noncontracted models:

- >> LT-Left side.
- >> RR-Rental (All rental models require PA; no reimbursement for dispensing fees).
- >>> RT-Right side.
- >> TG-Complex/high tech level of care.
- >> 50-Bilateral, with procedure code V5014 for accessories.



Modifiers Required on the PA/HIAS1 (cont.)

Element 14-Modifiers
For repair of contracted and noncontracted models:

- >> 22-Unusual procedural services (recasing or replating).
- >> 50-Bilateral procedure (both ears).
- >> 52-Reduced services (minor repairs).
- >> LT-Left side.
- >>> RT-Right side.



Description of Service on PA/HIAS1

Element 16-Description of Service

Effective for PA requests submitted on and after June 1, 2005, enter the following in Element 16:

- >> Manufacturer name.
- >> Model number.
- >> If applicable, size of hearing aid (i.e., full shell, half shell, low profile).



Charge on PA/HIAS1

Element 18-Charge

- >> Contracted models: Indicate contracted rate.
- Noncontracted models: Indicate the manufacturer's invoice cost, including end-of-the-month volume discounts.
- >> Complex or high-tech model: Indicate net cash outlay.
- Major repairs on contracted models: Indicate contracted repair rate.
- >> All other services and instruments: Indicate usual and customary charge for each service/procedure.



PA Submission Methods

Mail:Wisconsin MedicaidPrior AuthSte 886406 Bridge RdMadison WI 53784-0088

>> Fax: (608) 221-8616

Web PA Effective August I, 2005, Wisconsin Medicaid will accept PA requests via the Web from hearing instrument specialists and audiologists requesting PA for hearing aids.



WebPA Information

PA submission via the Web:

- Intended to reduce the number of requests returned to providers due to clerical errors or omissions.
- >> May establish initial grant dates.
- >> Reduced mail time.
- >> Improved quality.
- >> Security and privacy protected.



WebPA Information (cont.)

New users must register to submit PA requests via the Web. Once registered, there are two options for WebPA submission:

- I. Complete and submit PA/HIASI and PA attachments via Web.
- 2. Complete and submit PA/HIASI and PA attachments via Web AND send PA/HIASI, PA attachments, and any supporting clinical documentation on paper by mail or fax within 10 business days.



PA/HIAS2 and PA/POR Submission via WebPA

PA/HIAS2:

>> Enter numeric decibel values rather than symbols on the pure tone audiogram.

PA/POR:

- >> If submitting via Web, no longer need to submit physician's signed form.
- >> Must have completed and signed form before requesting PA via Web.
- >> Enter info exactly as written on paper form. Retain signed paper PA/POR in records for audit purposes.



Claim Submission

- 30-day performance check
- >> A 30-day performance check must be completed before billing for dispensing a hearing aid.
- >> 30 days must elapse between dispensing date and the date of claim submission.

Note: Providers may submit a claim after 45 days if the recipient has not returned for a performance check.



Other commercial insurance or commercial HMO insurance

Must bill third-party insurance (commercial health/HMO insurance coverage) prior to Wisconsin Medicaid, unless the service does not require third-party billing as determined by Wisconsin Medicaid.

Element 9-Other Insured Name

If recipient is covered under other health insurance/HMO and the service requires third-party billing, indicate one of the following other insurance (OI) explanation codes:

- >> OI-P: Paid.
- >> OI-D: Denied.
- >> OI-Y: Yes.



Reasons to indicate OI-Y explanation code

Recipient has commercial health/HMO insurance, but it was not billed for reasons including, but not limited to:

- >> Recipient denied coverage or will not cooperate.
- >> Provider knows the service in question is not covered by the carrier.
- >> Recipient's health insurance failed to respond to initial and follow-up claims.
- >>> Benefits are not assignable or cannot get assignment.
- >> Benefits exhausted.



Electronic claim submission

- If using Provider Electronic Solutions (PES) claims submission software, refer to the Provider Electronic Solutions Software User Manual for details about how to indicate other insurance information.
- If using the 837P transaction, refer to the Wisconsin Medicaid Companion Document to HIPAA Implementation Guide: 837 Professional for details about how to indicate other insurance information.



Element 24F-\$ Charges

- >> For contracted models, enter contracted purchase rate.
- For noncontracted models, enter the manufacturer's invoice cost, including end-of-the-month volume discounts.
- For hearing aid accessories (contracted or noncontracted), enter the usual and customary fee.
- >> For contracted hearing aid repairs, enter the contracted purchase rate.
- >> For noncontracted hearing aid repairs, enter the usual and customary fee.



Common Billing Errors

EOB 091: Referring/prescribing physician required. Please correct and resubmit.

EOB 192: PA required for payment of this service. A valid PA number is required for this procedure code and/or modifiers must match the approved PA.

EOB 100: Claim previously paid/partially paid on XXXXXXXXXXXXXXX on RA date XXXXXX. Adjust paid claim.



Common Billing Errors (cont.)

EOB 673: This service is not payable without a modifier/referral code.

EOB 171: Claim/adjustment/reconsideration request received after 12 months from date of service.

EOB 287: Claim denied. Recipient is enrolled in a Medicaid HMO or other managed care program.

EOB 294: Denied. A one year service guarantee for any necessary repairs is included in the hearing aid dispensing fee.



Resources

For policy questions:

- Medicaid Provider Services: (800) 947-9627 or (608) 221-9883
- >> Medicaid Web site: dhfs.wisconsin.gov/Medicaid

For Web PA help:

- >> Web PA application: www.wisconsinedi.org/webpa/logon.do
- >> Web PA tutorial: There is a link at the top of each Web PA screen.
- >> Online Help: There is a link at the top of each Web PA screen.
- >> Web PA technical Helpdesk: (608) 221-9730



Resources (cont.)

For questions from recipients:

Recipient Services (for recipient use only): (800) 362-3002 or (608) 221-5720



Questions?